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Physiotherapy Office Visits: National Ambulatory Medical Care Survey: United States, 1980–81

Cheryl Nelson, Division of Health Care Statistics

Physiotherapy office visits in the United States increased from 2.0 percent in 1975 to 4.6 percent in 1981 (figure 1). This report describes patient visits during 1980 and 1981 to office-based ambulatory care physicians in which physiotherapy services were ordered or provided (physiotherapy office visit). This information was obtained by combining the 1980 and 1981 results of the National Ambulatory Medical Care Survey. This survey, a probability sample survey of office-based physicians, was conducted annually from 1973 through 1981 and again in 1985 by the Division of Health Care Statistics of the National Center for Health Statistics.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. A brief description of the sample design, guidelines for judging the precision of the estimates, and key terms used in the survey are provided in the Technical notes at the end of the report. The Patient Record form is shown in figure 2.

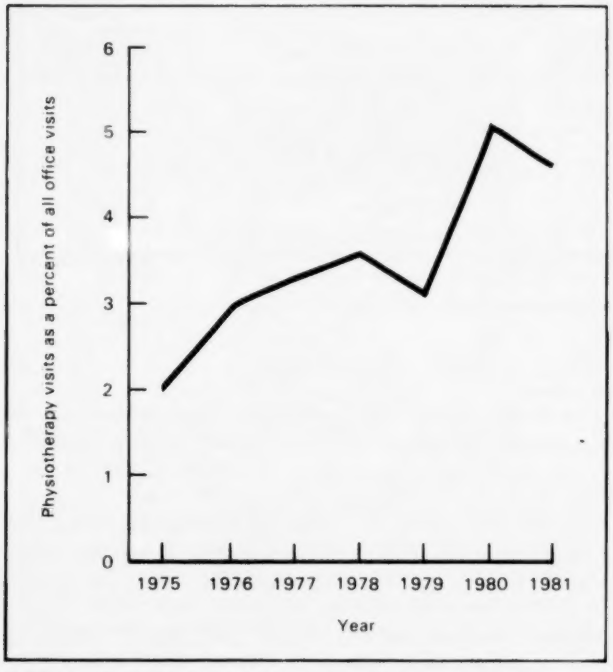

Figure 1. The percent of physiotherapy visits from 1975–81

Patient characteristics

Physiotherapy office visit data according to patient demographic characteristics are presented in tables 1 and 2 and figure 3. From January 1980 through December 1981, ambulatory patients made 1.2 billion visits to non-Federal, office-based physicians practicing in the coterminous United States. Of this total, 56,023,000 (4.8 percent) had physiotherapy services ordered or provided. This amounted to an average of 48 physiotherapy visits per 1,000 office visits. Physiotherapy visits were most frequent among patients in age groups 15–64 years, and male rates substantially exceeded those for female patients in the age interval from the 15th to the 44th year. Variations in physiotherapy office visit rates as they occurred among selected racial or ethnic groups are examined in table 2. White persons, accounting for 90.7 percent of all physiotherapy visits, did not significantly differ from black persons and those of other races in physiotherapy visit rate. However, physiotherapy visit rates were more frequent among Hispanic patients.

Physician characteristics

Among office-based physicians, the general and family practice specialty (37.7 percent) led all other specialties in volume of physiotherapy office visits (table 3). However, when

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Department of Health, Education, and Welfare
Public Health Service
Office of Health Research, Statistics, and Technology
National Center for Health Statistics

A No. 003937

1. DATE OF VISIT Month / Day / Year

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

2. DATE OF BIRTH Month / Day / Year

3. SEX
1 ☐ FEMALE
2 ☐ MALE

4. COLOR OR RACE
1 ☐ WHITE
2 ☐ BLACK
3 ☐ ASIAN/PACIFIC ISLANDER
4 ☐ AMERICAN INDIAN/ ALASKAN NATIVE

5. ETHNICITY
1 ☐ HISPANIC ORIGIN
2 ☐ NOT HISPANIC

6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *[In patient's own words]*
a. MOST IMPORTANT
b. OTHER

7. MAJOR REASON FOR THIS VISIT *[Check one]*
1 ☐ ACUTE PROBLEM
2 ☐ CHRONIC PROBLEM, ROUTINE
3 ☐ CHRONIC PROBLEM, FLAREUP
4 ☐ POST SURGERY, POST INJURY
5 ☐ NON-ILLNESS CARE (ROUTINE PRENATAL, GENERAL EXAM, WELL BABY, ETC.)

8. DIAGNOSTIC SERVICES THIS VISIT *[Check all ordered or provided]*
1 ☐ NONE
2 ☐ LIMITED HISTORY/EXAM
3 ☐ GENERAL HISTORY/EXAM
4 ☐ PAP TEST
5 ☐ CLINICAL LAB TEST
6 ☐ X-RAY
7 ☐ BLOOD PRESSURE CHECK
8 ☐ EKG
9 ☐ VISION TEST
10 ☐ ENDOSCOPY
11 ☐ MENTAL STATUS EXAM
12 ☐ OTHER *(Specify)* _____

9. PHYSICIAN'S DIAGNOSES
a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 6a
b. OTHER SIGNIFICANT CURRENT DIAGNOSES

10. HAVE YOU SEEN PATIENT BEFORE?
1 ☐ YES 2 ☐ NO
↓
IF YES, FOR THE CONDITION IN ITEM 9a?
1 ☐ YES 2 ☐ NO

11. MEDICATION THERAPY THIS VISIT ☐ NONE
[Using brand or generic names, record all new and continued medications ordered, injected, administered, or otherwise provided at this visit. Include immunizing and desensitizing agents]

a. FOR PRINCIPAL DIAGNOSES IN ITEM 9a	b. FOR ALL OTHER REASONS
1	1
2	2
3	3
4	4

12. NON-MEDICATION THERAPY *[Check all services ordered or provided this visit]*
1 ☐ NONE
2 ☐ PHYSIOTHERAPY
3 ☐ OFFICE SURGERY
4 ☐ FAMILY PLANNING
5 ☐ PSYCHOTHERAPY/ THERAPEUTIC LISTENING
6 ☐ DIET COUNSELING
7 ☐ FAMILY/SOCIAL COUNSELING
8 ☐ MEDICAL COUNSELING
9 ☐ OTHER *(Specify)* _____

13. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?
1 ☐ YES
2 ☐ NO

14. DISPOSITION THIS VISIT *[Check all that apply]*
1 ☐ NO FOLLOW-UP PLANNED
2 ☐ RETURN AT SPECIFIED TIME
3 ☐ RETURN IF NEEDED, P.R.N.
4 ☐ TELEPHONE FOLLOW-UP PLANNED
5 ☐ REFERRED TO OTHER PHYSICIAN
6 ☐ RETURNED TO REFERRING PHYSICIAN
7 ☐ ADMIT TO HOSPITAL
8 ☐ OTHER *(Specify)* _____

15. DURATION OF THIS VISIT *[Time actually spent with physician]*
_____ Minutes

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Figure 2. Patient record

stratified by age of the patient, general and family practitioners' volume of physiotherapy office visits did not differ significantly from that of pediatric specialists for patients under 15 years of age and orthopedic surgery and dermatology specialists for patients 15–24 years of age.

Visit characteristics

Reason for visit

The principal reason for visiting the physician's office as expressed in the patient's own words is listed first in item 6 of the Patient Record. The patient's problem or complaint was classified and coded according to the Reason for Visit Classification for Ambulatory Care (RVC),[1] and divided into eight modules or groups of reasons, as shown in table 4. Reasons for visit classified as "symptoms" (symptom module) accounted for 72.3 percent of all physiotherapy office visits. As might be expected, symptoms of the musculoskeletal system accounted for 65.8 percent of all physiotherapy visits. Symptoms referable to the musculoskeletal system make up a large proportion of

[1]National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *Vital and Health Statistics.* Series 2, No. 78. DHEW Pub. No. (PHS) 79-1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 1. Number of office visits, number and percent distribution of physiotherapy visits, and physiotherapy visit rate, by patient's age and sex-age group: United States, 1980 and 1981

Patient age and sex	All office visits	Physiotherapy office visits		
	Number in thousands		Percent distribution	Visit rate[1]
Both sexes				
All ages	1,160,922	56,023	100.0	48
Less than 15 years	216,129	4,370	7.8	20
15–24 years	160,795	8,653	15.4	54
25–44 years	310,384	17,998	32.1	58
45–64 years	265,700	16,173	28.9	61
65 years and over	207,914	8,830	15.8	42
Female				
All ages	699,718	30,958	55.3	44
Less than 15 years	102,633	2,384	4.3	23
15–24 years	107,276	4,421	7.9	41
25–44 years	206,395	9,044	16.1	44
45–64 years	157,031	9,332	16.7	59
65 years and over	126,383	5,777	10.3	46
Male				
All ages	461,204	25,065	44.7	54
Less than 15 years	113,495	1,986	3.5	17
15–24 years	53,519	4,232	7.6	79
25–44 years	103,990	8,954	16.0	86
45–64 years	108,668	6,840	12.2	63
65 years and over	81,532	3,052	5.4	37

[1]Number of physiotherapy office visits per 1,000 office visits.

Table 2. Number of office visits, number and percent distribution of physiotherapy visits, and physiotherapy visit rate by patient's race and Hispanic origin of patient: United States, 1980 and 1981

Patient race and Hispanic origin	All office visits	Physiotherapy office visits		
	Number in thousands		Percent distribution	Visit rate[1]
All patients	1,160,922	56,023	100.0	48
Race				
White	1,037,590	50,803	90.7	49
Black	110,546	4,565	8.1	41
Other[2]	12,786	655	1.2	51
Hispanic origin				
Hispanic	53,337	3,455	6.2	65
Non-Hispanic	1,107,585	52,568	93.8	47

[1]Number of physiotherapy office visits per 1,000 office visits.
[2]Includes Asian, Pacific Islander, American Indian, and Alaskan Indian.

the 20 most common principal reasons for visit with 18.8 percent being classified as some type of "back" symptom (table 5). For general and family practice and orthopedic surgery specialties, the top 10 principal reasons for visit are presented in table 6. The reader is cautioned that the rankings presented may be somewhat artificial because some estimates may not be statistically different from other near estimates due to sampling variability. Detailed tabulations of reasons for visit data have been published.[1]

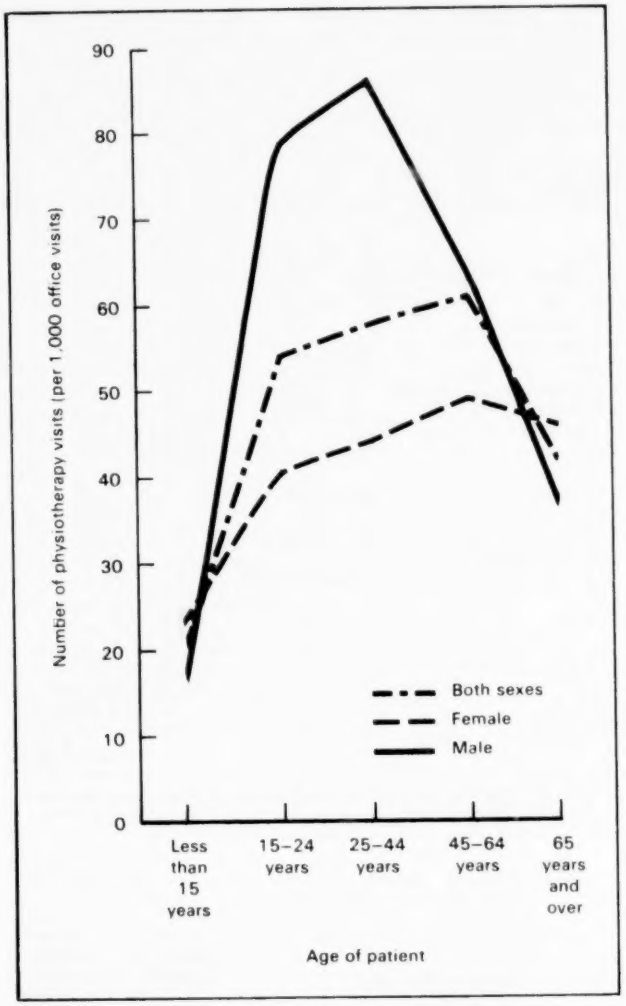

Figure 3. Physiotherapy visit rate by sex and age of patient: United States, 1980 and 1981

Principal diagnosis

The principal diagnosis, the first-listed diagnosis in item 9 on the Patient Record, was classified according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[2] As can be seen from tables 7 and 8, the principal diagnoses for physiotherapy office visits are primarily from two ICD–9–CM major classifications: Diseases of the musculoskeletal system and connective tissue (710–739) and Injury and poisoning (800–899).

Major reason for visit

Item 7 of the Patient Record represents the major reason for visit as determined by the physician. Data in table 9 show that a greater proportion of physiotherapy visits were made for acute problems.

[2]Commission on Professional and Hospital Activities: *International Classification of Diseases, 9th Revision, Clinical Modification.* Ann Arbor. Edwards Brothers, Inc., 1978.

Table 3. Distribution of physiotherapy office visits by selected specialties and patient's age: United States, 1980 and 1981

Physician specialty	All patients	Patient age: Less than 15 years	15–24 years	25–44 years	45–64 years	65 years and over
	Number in thousands					
All physiotherapy office visits	56,023	4,370	8,653	17,998	16,173	8,830
	Percent distribution					
All physiotherapy office visits	100.0	100.0	100.0	100.0	100.0	100.0
General and family practice	37.7	30.4	32.9	39.3	39.8	38.9
Internal medicine	10.7	*2.3	*4.3	7.0	12.8	24.8
Pediatrics	3.1	32.9	*2.3	*0.5	-	-
General surgery	4.4	*1.4	*4.5	5.7	4.5	*2.8
Obstetrics and gynecology	2.7	-	*3.7	5.5	*1.1	*0.3
Orthopedic surgery	21.4	14.8	22.3	23.3	23.6	16.2
Cardiovascular disease	*0.6	-	*0.5	*0.3	*0.8	*1.1
Dermatology	8.5	*10.0	23.1	7.5	4.0	*3.9
Urology	*0.9	-	*0.3	*0.8	*1.3	*1.2
Psychiatry	*0.3	*0.3	*0.1	*0.3	*0.5	*0.3
Neurology	*0.3	*0.7	*0.2	*0.3	*0.4	*0.2
Ophthalmology	1.6	*3.6	*1.3	*1.1	*1.1	*3.0
Otolaryngology	*0.6	*0.1	*1.0	*0.7	*0.3	*0.8

Table 4. Number and percent distribution of physiotherapy office visits by patient's reason for visit: United States, 1980 and 1981

Reason for visit	Physiotherapy office visits: Number in thousands	Physiotherapy office visits: Percent distribution
All physiotherapy office visits	56,023	100.0
General reason for visit		
Symptom module	40,483	72.3
Disease module	3,290	5.9
Diagnostic screen/preventive module	1,698	3.0
Treatment module	3,199	5.7
Injury/adverse effect module	6,458	11.5
Test result module	*63	*0.1
Administrative module	*78	*0.1
Uncodable	683	1.2
Residual	*71	*0.1
Symptom module and RVC[1] code		
All physiotherapy office visits (s001–s999)	40,483	100.0
General symptoms (s001–s099)	2,722	6.7
Psychological-mental (s100–s199)	*169	*0.4
Nervous (s200–s259)	1,438	3.6
Cardiovascular-lymphatic (s260–s299)	*162	*0.4
Eyes and ears (s300–s399)	1,054	2.6
Respiratory (s400–s499)	1,820	4.5
Digestive (s500–s639)	1,072	2.6
Genitourinary (s640–s829)	1,242	3.1
Skin, nails, and hair (s830–s899)	4,158	10.3
Musculoskeletal (s900–s999)	26,645	65.8

[1]Based on National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *Vital and Health Statistics*. Series 2, No. 78. DHEW Pub. No. (PHS) 79–1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 5. Number and percent distribution of physiotherapy office visits by the 20 most common principal reasons for visit: United States, 1980 and 1981

Rank	Most common principal reason for visit and RVC[1] code	Physiotherapy office visits: Number in thousands	Physiotherapy office visits: Percent distribution
...	All physiotherapy visits	56,023	100.0
1	Back symptoms (s905)	6,110	10.9
2	Low back symptoms (s910)	4,408	7.9
3	Neck symptoms (s900)	3,416	6.1
4	Knee symptoms (s925)	3,047	5.4
5	Shoulder symptoms (s940)	2,408	4.3
6	Acne or pimples (s830)	1,388	2.5
7	Postoperative visit (t205)	1,301	2.3
8	Leg symptoms (s920)	1,192	2.1
9	Foot and toe symptoms (s935)	1,043	1.9
10	Hand and finger symptoms (s960)	903	1.6
11	Hip symptoms (s915)	802	1.4
12	Skin rash (s860)	798	1.4
13	Headache (s210)	797	1.4
14	Arm symptoms (s945)	734	1.3
15	Ankle symptoms (s930)	685	1.2
16	Psoriasis (d820)	645	1.2
17	Pain, site not referable to a specific body system (s055)	610	1.1
18	Skin lesion (s865)	601	1.1
19	Injury/back (j515)	591	1.1
20	Symptoms of unspecific joints (s970)	575	1.0

[1]Based on National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *Vital and Health Statistics*. Series 2, No. 78. DHEW Pub. No. (PHS) 79–1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 6. Number and percent distribution of physiotherapy office visits by the 10 most common principal reasons for visit for selected specialties: United States, 1980 and 1981

Rank	Most common principal reason for visit and RVC[1] code	Physiotherapy office visits	
	General and family practice	Number in thousands	Percent distribution
...	All physiotherapy visits	21,115	100.0
1	Back symptoms (s905)	3,227	15.3
2	Low back symptoms (s910)	1,966	9.3
3	Neck symptoms (s900)	1,351	6.4
4	Shoulder symptoms (s940)	1,016	4.8
5	Knee symptoms (s925)	766	3.6
6	Leg symptoms (s920)	*430	*2.0
7	Foot and toe symptoms (s935)	*416	*2.0
8	Headache (s210)	*398	*1.9
9	Physical medicine and rehabilitation (t400)	*396	*1.9
10	Hip symptoms (s915)	*355	*1.8
	Orthopedic surgery		
...	All physiotherapy visits	12,004	100.0
1	Knee symptoms (s925)	1,774	14.8
2	Back symptoms (s905)	1,222	10.2
3	Low back symptoms (s910)	1,212	10.1
4	Neck symptoms (s900)	994	8.3
5	Shoulder symptoms (s940)	768	6.4
6	Postoperative visit (t205)	655	5.5
7	Hip symptoms (s915)	*297	*2.5
8	Wrist symptoms (s955)	*280	*2.3
9	Elbow symptoms (s950)	*279	*2.3
10	Ankle symptoms (s930)	*275	*2.3

[1]Based on National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *Vital and Health Statistics*. Series 2, No. 78. DHEW Pub. No. (PHS) 79–1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 7. Number and percent distribution of physiotherapy office visits by major diagnostic groups: United States, 1980 and 1981

Principal diagnosis and ICD–9–CM[1] code	Physiotherapy office visits	
	Number in thousands	Percent distribution
All physiotherapy office visits	56,023	100.0
Infectious and parasitic diseases (001–139)	865	1.5
Neoplasms (140–239)	*292	*0.5
Endocrine, nutritional, and metabolic diseases and immunity disorders (240–279)	*333	*0.6
Mental disorders (290–319)	548	1.0
Diseases of nervous system and sense organs (320–389)	2,203	3.9
Diseases of circulatory system (390–459)	2,404	4.3
Diseases of respiratory system (460–519)	1,801	3.2
Diseases of digestive system (520–579)	695	1.2
Diseases of genitourinary system (580–629)	1,390	2.5
Diseases of skin and subcutaneous tissue (680–709)	5,435	9.7
Diseases of musculoskeletal system and connective tissue (710–739)	17,801	31.8
Symptoms, signs, and ill-defined conditions (780–799)	844	1.5
Injury and poisoning (800–999)	17,456	31.2
Supplementary classification (V01–V82)	2,691	4.8
Other diagnosis[2]	535	1.0
Unknown diagnosis[3]	730	1.3

[1]Based on Public Health Service and Health Care Financing Administration: *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). DHHS Pub. No. (PHS) 80–1260. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1980.
[2]Includes diseases of the blood and blood-forming organs (280–289); complication of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).
[3]Includes blank diagnosis, noncodable diagnosis, and illegible diagnosis.

Prior visit status

More than 60 percent of all physiotherapy visits to office-based physicians were by patients who had seen the physician before for problems that had previously been treated by the physician ("old patients" with an "old problem"). This was true for all age groups except for patients less than 15 years old who had a majority of visits classified as "old patients" with "new problem."

Disposition

Data on disposition show that the majority of physiotherapy office visits involved some type of followup, with "return at specific time" being the most frequent disposition decision (table 10).

Duration of visit

Duration of visit is that amount of time spent in face-to-face contact between physician and patient. It does not include time spent waiting to see the physician; time spent receiving care from sources other than the physician without the presence of the physician; or time spent reviewing patient records, test results, and so forth. Data in table 10 indicate that the duration of more than 60 percent of the physiotherapy office visits were between 6 and 15 minutes with a mean duration of 15 minutes.

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Table 8. Number and percent of physiotherapy office visits by the 20 most common principal diagnoses: United States, 1980 and 1981

Rank	Most common principal diagnosis and ICD–9–CM[1] code	Physiotherapy office visits	
		Number in thousands	Percent distribution
...	All physiotherapy visits	56,023	100.0
1	Sprains and strains of other and unspecific parts of back (847)	4,281	7.6
2	Sprains and strains of sacroiliac region (846)	3,221	5.7
3	Other and unspecific disorders of back (724)	2,889	5.2
4	Diseases of sebaceous glands (706)	2,244	4.0
5	Other disorders of soft tissues (729)	2,105	3.8
6	Peripheral enthesopathies and allied syndromes (726)	1,706	3.0
7	Osteoarthrosis and allied disorders (715)	1,653	3.0
8	Intervertebral disc disorders (722)	1,418	2.5
9	Spondylosis and allied disorders (721)	1,324	2.4
10	Other and unspecified arthropathies (716)	976	1.7
11	Other disorders of synovium, tendon, and bursa (727)	960	1.7
12	Sprains and strains of knee and leg (844)	940	1.7
13	Psoriasis and similar disorders (696)	930	1.7
14	Other disorders of cervical region (723)	855	1.5
15	Sprains and strains of ankle and foot (845)	736	1.3
16	Contusion of lower limb and of other unspecific site (924)	665	1.2
17	Rheumatoid arthritis and other inflammatory polyarthropathies (714)	661	1.2
18	Disorders of muscle, ligament, and fasci (728)	635	1.1
19	Essential hypertension (401)	634	1.1
20	Other and unspecified disorders of joint (719)	593	1.1

[1]Based on Public Health Service and Health Care Financing Administration: *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). DHHS Pub. No. (PHS) 80–1260. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1980.

Table 9. Number and percent distribution of physiotherapy office visits by major reason for visit: United States, 1980 and 1981

Major reason for visit	Physiotherapy office visits	
	Number in thousands	Percent distribution
All physiotherapy office visits	56,023	100.0
Acute problem	24,796	44.2
Chronic problem/routine	14,235	25.4
Chronic problem/flareup	7,312	13.1
Postsurgery or postinjury	8,149	14.6
Nonillness care[1]	1,531	2.7

[1]Includes, for example, routine prenatal care, general examination, and well-baby examination.

Table 10. Number and percent distribution of physiotherapy office visits by prior visit status, disposition, and duration of visit: United States, 1980 and 1981

Prior visit status, disposition, and duration of visit	Physiotherapy office visits	
	Number in thousands	Percent distribution
All physiotherapy office visits	56,023	100.0
Prior visit status		
New patient	8,863	15.8
Old patient	47,161	84.2
New problem	12,449	22.2
Old problem	34,712	62.0
Disposition[1]		
No followup planned	3,696	6.6
Return at specific time	37,007	66.1
Return if needed	13,374	23.9
Telephone followup planned	1,924	3.4
Referred to other physician	944	1.7
Return to referring physician	*355	*0.6
Admit to hospital	*301	*0.5
Other	*47	*0.1
Duration		
0 minute[2]	1,058	1.9
1–5 minutes	6,016	10.7
6–10 minutes	16,822	30.0
11–15 minutes	18,011	32.2
16–30 minutes	12,001	21.4
30 minutes or more	2,115	3.8

[1]May not add to 100.0 because more than 1 disposition was possible.
[2]Represents office visits in which there was no face-to-face contact between the patient and the physician.

Technical notes

Source of data and sample design

The estimates presented in this report are based on the findings of the National Ambulatory Medical Care Survey (NAMCS), a sample survey of office-based care conducted annually from 1973 through 1981 and again in 1985 by the National Center for Health Statistics. The target universe of NAMCS is composed of office visits made by ambulatory patients to non-Federal and noninstitutional physicians who are primarily engaged in office-based, patient-care practice. Excluded from the survey are visits to physicians practicing in Alaska and Hawaii, as are visits to anesthesiologists, pathologists, and radiologists.

NAMCS uses a multistage probability sample design that involves a step sampling of primary sampling units (PSU's), physicians' practices within PSU's, and patient visits within physicians' practices. The physician sample (5,805 physicians for 1980 and 1981) was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Those members of the sample who proved to be in scope and eligible participated at a rate of 77.3 percent. Responding physicians completed visit records for a systematic random sample of office visits made during a randomly assigned weekly reporting period. Telephone contacts were excluded. During 1980 and 1981 responding physicians completed 89,447 visit records on which they recorded 97,796 drug mentions. Characteristics of the physician's practice, such as primary specialty and type of practice, were obtained during an induction interview. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the field operations of the survey.

Sampling errors and rounding

The standard error is a measure of the sampling variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. In this report, any estimate that exceeds a relative standard error of 30 percent is marked with an asterisk. Approximate relative standard errors of selected aggregate statistics are shown in tables I and II.

The determiniation of statistical inference is based on a two-sided *t*-test with a critical value of 1.960 (0.05 level of confidence). Terms relating to differences, such as "exceeded" or "fell below" indicate that the differences are statistically significant. Terms such as "similar" or "roughly equal" mean that no statistical significance exists between the estimates being compared. In the tables of the report, estimates have been rounded to the nearest thousand. For this reason, detailed estimates do not always add to totals.

Table I. Approximate relative standard errors of estimated number of office visits based on all physician specialties: NAMCS, 1980 and 1981

Estimated number of office visits	*Relative standard error*
Number in thousands	Percent
200*	*44.8
400*	*31.7
450*	*30.0
1,000	20.2
2,000	14.5
5,000	9.5
10,000	7.1
20,000	5.6
50,000	4.4
100,000	3.9
200,000	3.6
500,000	3.5

EXAMPLE OF USE OF TABLE: An aggregate of 30,000,000 visits has a relative standard error of 5.0 percent or a standard error of 1,500,000 visits (5.0 percent of 30,000,000).

Table II. Approximate relative standard errors of estimated number of office visits based on an individual physician specialty: NAMCS, 1980 and 1981

Estimated number of office visits	*Relative standard error*
Number in thousands	Percent
200*	*46.7
450*	*31.5
500*	*30.0
1,000	21.5
2,000	16.0
5,000	11.1
10,000	9.0
20,000	7.7
50,000	6.8

EXAMPLE OF USE OF TABLE: An aggregate of 7,000,000 visits has a relative standard error of 10.0 percent or a standard error of 700,000 visits (10.0 percent of 7,000,000).

Definitions

An *office* is a place that physicians identify as a location for their ambulatory practice. Responsibility for patient care and professional services rendered in an office resides with the individual physician rather than with an institution.

A *visit* is a direct personal exchange between an ambulatory patient seeking health care and a physician, or staff member working under the physician's supervision, who provides the health services.

An *acute problem* is a morbid condition with a relatively sudden or recent onset (within 3 months of the visit).

A *chronic problem* is a morbid condition that existed for 3 months or longer before the visit.

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Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision (more than 30-percent relative standard error)
#	Figure suppressed to comply with confidentiality requirements

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